DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Corrected

Facility Information

Facility Name: TIM PAUL STEVE & JEFF AFH (590132)

Address: 1024 1026 PERSHING STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 07/29/1997

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095463 End Date: 08/24/2005 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009817 Served 08/31/2005

Deficiencies Cited Subject Area Subject Area Verified

88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE

Survey ID: 0091772 End Date: 12/17/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006333 Served 12/22/2003

Compliance

Deficiencies Cited
88.10(3)(1)Subject Area
SAFE PHYSICAL ENVIRONMENTVerified
01/31/2005Corrected
Yes

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